SAINT JOHN'S ON THE LAKE 1840 NORTH PROSPECT AVENUE

MILWAUKEE 53202 Phone: (414) 272-2022 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 65 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 65 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 47 Average Daily Census: 49

Services Provided to Non-Residents		Age, Gender, and Primary Di				Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	8	Less Than 1 Year	14.9 36.2
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities		Under 65 65 - 74			31.9
Respite Care	No	Mental Illness (Other)	8.5	75 - 84	27.7	I	83.0
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic		85 - 94 95 & Over		*************************************	
Congregate Meals Home Delivered Meals	No No	Cancer Fractures		 		Nursing Staff per 100 Resi (12/31/03)	idents
Other Meals	No	Cardiovascular	8.5	 65 & Over	95.7	i	
Transportation Referral Service	No No	Cerebrovascular Diabetes		 Gender			21.0 14.5
Other Services	No	Respiratory Other Medical Conditions		 Male			66.0
Provide Day Programming for Mentally Ill	No	Other Medical Conditions		Maie Female		Aides, & Orderlies 	00.0
Provide Day Programming for Developmentally Disabled	No	•		 	100.0	İ	

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	288	17	89.5	120	0	0.0	0	23	100.0	220	0	0.0	0	0	0.0	0	45	95.7
Intermediate				2	10.5	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	4.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		19	100.0		0	0.0		23	100.0		0	0.0		0	0.0		47	100.0

SAINT JOHN'S ON THE LAKE

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	- 1				% Needing		Total
Percent Admissions from:	- 1	Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	14.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.1	Bathing	4.3		74.5	21.3	47
Other Nursing Homes	4.2	Dressing	8.5		74.5	17.0	47
Acute Care Hospitals	58.3	Transferring	23.4		61.7	14.9	47
Psych. HospMR/DD Facilities	4.2	Toilet Use	17.0		61.7	21.3	47
Rehabilitation Hospitals	0.0	Eating	51.1		42.6	6.4	47
Other Locations	16.7	*****	* * * * * * * * * * * * * * *	*****	*****	******	*****
otal Number of Admissions	48	Continence		용	Special Treatmen	ts	8
ercent Discharges To:	I	Indwelling Or Extern	nal Catheter	4.3	Receiving Resp	iratory Care	14.9
Private Home/No Home Health	23.2	Occ/Freq. Incontine	nt of Bladder	59.6	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	10.7	Occ/Freq. Incontine	nt of Bowel	34.0	Receiving Suct	ioning	2.1
Other Nursing Homes	0.0	<u>-</u>			Receiving Osto	my Care	0.0
Acute Care Hospitals	5.4	Mobility			Receiving Tube	Feeding	2.1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.1	Receiving Mech	anically Altered Diets	29.8
Rehabilitation Hospitals	0.0				_	-	
Other Locations	19.6	Skin Care			Other Resident C	haracteristics	
Deaths	41.1 i	With Pressure Sores		8.5	Have Advance D	irectives	95.7
otal Number of Discharges	i	With Rashes		0.0	Medications		
(Including Deaths)	56 i				Receiving Psyc	hoactive Drugs	53.2

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

*************	*****	****	*****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	l Size:	Lic	ensure:		
	This	This Nonp		50-99		Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	96	용	Ratio	용	Ratio	% Ratio		왕	Ratio
Occumency Potes Average Pails Concyc/Licensed Peda	75.4	87.9	0.86	88.1	0.86	86.6	0.87	87.4	0.86
Occupancy Rate: Average Daily Census/Licensed Beds									
Current Residents from In-County	97.9	87.5	1.12	88.7	1.10	84.5	1.16	76.7	1.28
Admissions from In-County, Still Residing	31.3	22.9	1.36	20.6	1.52	20.3	1.54	19.6	1.59
Admissions/Average Daily Census	98.0	144.5	0.68	189.9	0.52	157.3	0.62	141.3	0.69
Discharges/Average Daily Census	114.3	147.5	0.77	189.2	0.60	159.9	0.71	142.5	0.80
Discharges To Private Residence/Average Daily Census	38.8	49.7	0.78	75.8	0.51	60.3	0.64	61.6	0.63
Residents Receiving Skilled Care	95.7	93.9	1.02	94.9	1.01	93.5	1.02	88.1	1.09
Residents Aged 65 and Older	95.7	97.1	0.99	91.0	1.05	90.8	1.05	87.8	1.09
Title 19 (Medicaid) Funded Residents	40.4	50.3	0.80	48.6	0.83	58.2	0.69	65.9	0.61
Private Pay Funded Residents	48.9	34.6	1.41	30.8	1.59	23.4	2.10	21.0	2.34
Developmentally Disabled Residents	4.3	0.6	7.14	0.4	11.86	0.8	5.04	6.5	0.66
Mentally Ill Residents	51.1	35.5	1.44	31.3	1.63	33.5	1.52	33.6	1.52
General Medical Service Residents	21.3	23.0	0.92	24.1	0.88	21.4	1.00	20.6	1.04
Impaired ADL (Mean)	48.5	51.9	0.94	48.8	0.99	51.8	0.94	49.4	0.98
Psychological Problems	53.2	62.2	0.85	61.9	0.86	60.6	0.88	57.4	0.93
Nursing Care Required (Mean)	7.2	7.2	0.99	6.8	1.06	7.3	0.99	7.3	0.98